CLAIMS ONLY

Application Number		Filing Date
Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		X					52						
3							53						
4		3					54						
5							55						
6	1		1				56						
7				1			57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			1				Total Indep						
Total Depend			5				Total Depend						
Total Claims			6				Total Claims						